Application or Docket Number

SMALL ENTITY

TYPE ____

PATENT APPLICATION FEE DETERMINATION RECORD Effective OCHobor1, 2003

(Column 1) (Column 2)

CLAIMS AS FILED - PART I

OTHER THAN

OR SMALL ENTITY

TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	\$385	OR	BASIC FEE	3770
TOTAL CHARGEABLE CLAIMS			minus 20=		* -			X\$9=		OR.	X\$18 =	
INDEPENDENT CLAIMS			minus 3 =		<u> </u>			X43=		OR	λ86=	
M	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is			less than zero, enter "0" in column 2				١	TOTAL		OR	TOTAL	-
CLAIMS AS AMENDED - PART II										-	OTHER	THAN
4	2	(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 3	Minus	* a	20	= /	$\ \ $	x\$9=	,	OR	X\$(% =	
AME	FIRST PRESE	NTATION OF MI	Minus	***	CLAIM	-		X43=		OR	186	/
-	1	arty artor or an	JEIII CE DEI	LITOLITI	00 000		'	+[45:=		OR	+390=	
ĺ							_	TOTAL DDIT, FEE	-	OR	TOTAL ADDIT: FEE	/
		(Column 1)		(Colun	nn 2)	(Column 3)		DDIT. I EE		•	ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		x\$9=		OR	x\$/8=	
	Independent	*	Minus	***		=		X43=		OR	×86≠	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ī			
		•					L	+145=		OR	+J90=	
								TOTAL DDIT: FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		-	П	x\$9=		OR	X\${8=	
¥	Independent	*	Minus	NAME		=	1 1	x43=			×86	
L	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		l -	+ 145=		OR	7.00	
١.,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+390=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875 (Rev 12/02) 1/1.5 Grundsman Product Office: 2001. 404-278/89151 Patient and Trademark Office. U.S. DEPARTMENT OF COMMERCE												